

Getting it on the agenda:

Access to healthcare for the uninsured and undocumented in Canada

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The following represent the views of the authors, and does not represent the views of the institutions to which the authors belong.

Outline

- Overview and definitions
- Setting the agenda:
 - Problem stream
 - Policy/Proposals stream
 - Politics stream
- Merging the streams
- Recommendations

Overview and Definitions

- Despite a “universal” publically funded health insurance, many are not covered
- Includes:
 - Non-status migrants
 - Denied refugee claimants
 - Persons who stay beyond visitor/work/student permits
 - Persons who enter Canada “illegally”
 - Precarious status migrants
 - Temporary workers
 - Refugee claimants who have been denied, requesting H&C
 - With status, but without health insurance
 - Immigrants who are in Canada during their first 3 months

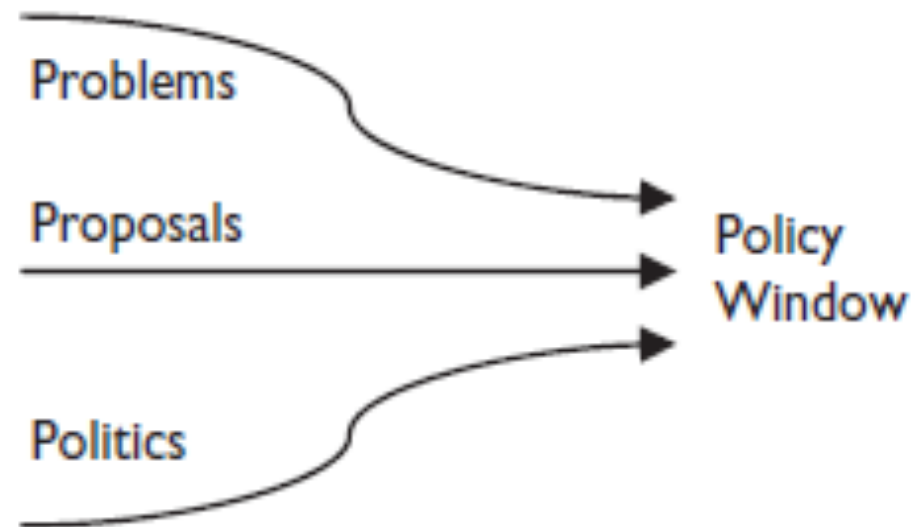
Overview and Definitions

- Hard to estimate numbers, but possibly 500,000 non-status migrants alone
- Health concerns:
 - Delay seeking care, or are discouraged to do so
 - Financial impact: pay out-of-pocket
 - Worse health outcomes
 - Mental health impact of fearing deportation or arrest
- Yet, not on the policy agenda

Kingdon's framework

- Problems
 - How is the issue seen?
 - How framed?
 - Focusing event?
- Policy/Proposals
 - Seen as feasible?
 - Compatible with values?
 - Appeal to the public?
 - Cost-effective?
- Politics
 - Is the political climate favourable?
 - What is the public mood?
 - Is there social pressure on this issue?

Policy Stream Convergence



Note

- Kingdon's framework has limitations:
 - Implies a rational approach
 - Several factors not captured
 - Difficult to assign weights to different streams
- Health insurance coverage is only one determinant of health, and even full coverage does not result in equal access

Problem Stream

- Factors that **prevent** this from getting onto the agenda:
 - Difficult to measure the size of the problem
 - These groups, inherently, want to remain hidden from the public view
 - Few resources to influence public opinion
 - Key advocates may be pressured to be silent
 - Not seen as urgent

Problem Stream

- Factors that **enable** this to get onto the agenda:
 - Research, particularly qualitative, is growing
 - More stories coming to public attention: potential “focusing events”
 - Live-in caregivers win court case
 - Deaths of “illegal” migrant workers in December 2009
 - Growing focus on preventative care as cost-effective... however, this is a double-edged sword

Policy/Proposals Stream

- Factors that **prevent** this from getting onto the agenda:
 - Lack of innovative strategies: seen as “too big”
 - Concern about “medical tourism” e.g. Americans seeking care here
 - Diffusion of responsibility
 - Lack of health perspective on immigration policies

Policy/Proposals Stream

- Factors that **enable** this to get onto the agenda:
 - Looking to other jurisdictions, e.g. Quebec changing its policy on 3 month wait for immigrants
 - Cost-effectiveness: could be demonstrated
 - Fits within Canada Health Act definitions of “resident”, and principle of universality
 - Compatible with public values re: access

Politics Stream

- Factors that **prevent** this from getting onto the agenda:
 - Typically cannot vote, and do not have a strong lobby
 - Groups are not counted in census (politically invisible)
 - Current government mood: wants to be “tough” on immigration/citizenship issues
 - Activists and community organizers face significant threats

Politics Stream

- Factors that **enable** this to get onto the agenda:
 - Rights-based approach: gaining momentum, particularly in other jurisdictions
 - Collective, community-based organizing has had some success

Merging the streams: Getting onto the agenda

- A number of areas cut across the streams:
 - Research to guide action, particularly cost data and qualitative data
 - Political empowerment of groups and creating safe spaces for organizing
 - Short-term wins to bolster the movement, and demonstrate effectiveness
 - A long-term vision to guide the process, developed by the affected communities

Recommendations

- Short-term wins:
 - Elimination of the 3-month waiting period for new immigrants
 - More support to CHCs
 - Explicit “Don’t ask, Don’t tell” policies in all health care institutions, and training of front desk staff
 - Public education campaigns, partnering with allies in education and public health

Questions and suggestions?

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